

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 10-5-09

Address: 3511 Stevens RD

Case #: PO 09-072D

Mt Vernon Indiana

County: Posey

47620

## Type of Laboratory Seizure (check one)

- ☐ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☒ Dumpsite (only)

## Seizure Location (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☒ Open -- No Structure  
☐ Other:

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_  
☐ Flammable Solvents: \_\_\_\_  
☐ Water Reactive Metal (Lithium): \_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): \_\_\_\_  
☐ Corrosive Acid: \_\_\_\_  
☐ Corrosive Base: \_\_\_\_  
☒ Other (item and location): Trash Debris

## Child under age 18 discovered (check one)

- ☐ Yes \_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other:

## This report is to be faxed to the following agencies that serve the location:

Fire Department: Black Township

Fax: E-MAIL

Health Department: Posey County Health Dept

Fax: E-MAIL

Child Protection Service: N/A

Fax: E-MAIL

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: K. Rose

Phone 812-307-0047

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.